



Louis Stokes Cleveland VA Medical Center
APPLICATION

Please submit the following items:

1. Completed Application Form
2. Letters of Recommendation
3. Academic Transcript
4. Resume
5. Essay Question Response

Email Application and Materials to:

Kevin.Roach2@va.gov

Linda.Dundon@va.gov



I. Demographic Information:

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Is Permanent Address same as Current? YES ☐ NO ☐

(if no, please fill out)

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

II. License and Education Information:

License Number: _____

State: _____

Degree (Education): _____

Year Awarded: _____

School: _____



III. References (please have these individuals send a letter of recommendation):

1) Name: _____

Institution: _____

Title: _____

Phone: _____

2) Name: _____

Institution: _____

Title: _____

Phone: _____

*Please have your References email their recommendations to Kevin.Roach2@va.gov and Linda.Dundon@va.gov, or have your References mail them to:

ATTENTION: Linda Dundon, PM&RS (117W)
Louis Stokes Cleveland VA Medical Center
10701 East Blvd Cleveland, OH 44106



IV. Short Essay (please limit the response to no more than 500 words):

- 1) How would successful completion of the Orthopaedic Residency Program benefit your personal and professional development?

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V. Applicant Certification

I hereby certify that the information provided and submitted in this application is the truth. I have not omitted any information and have not falsified any information within this document.

Printed Name_____

Signature_____

Date_____